

John Flynn <JFlynn@afphq.org> on 10/20/2010 06:31:42 PM

To:

""2022190174@fec.gov"" <2022190174@fec.gov>

cc:

Subject: FEC Form 9

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn

Executive Vice President and General Counsel Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org



www.AmericansForProsperity.org FEC Form 9 - 10-20-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| 1. Person Making the Clabursements/Obligat | tions | |
|--|--|---|
| (a) Name Americans for Prosp | on'tu | |
| (b) Address (number and sheet) check it differences (1) Wilson Blud Suite | ril Ihan previously reported | 2. FEC Identification Number |
| Ar-INATON VA 22201 | | C |
| (d) Name of Employer or Principal Place of Business | (e) | Occupation |
| | | |
| \/ II | | |
| New 3. Is This Statement or | 4. Covering Period | 10 15 2010 |
| GI | 4. Covering Period | |
| Amended | | 10 19 2010 |
| 5. (a) Date of Public Distribution(s) | 9 2010 (b) Commu | nication Title "Yes Marı" |
| 6. The filer is a(n): (a) Individual (b) Uninc | corporated Organization (c) C | Qualified Nonprofit Corporation (11 CFR 114.10) |
| (d) X Corporation, Labor Organization or Qua | lified Nonprofit Corporation makin | g communications under 11 CFR 114.15 |
| (e) Other, specify: | | |
| | | |
| If the filer is an individual, unincorporate were the disbursements made exclusive | | |
| 8. Custodian of Records | | |
| (a) Name Steve Mullins | | |
| (b) Address (number and street) | | |
| 2111 Wilson Blud, Sui | te 350 | |
| (c) City. State and ZIP Code Arclington. VA 2220 | 1 | |
| (d) Name of Employer or Principat Place of Business | (e) | Occupation |
| Americanster Press | perita | CFO |
| 9. Total Donations This Statement | | |
| s. Total Donations The Statement | | |
| 10. Total Disbursements/Obligations This St | stement | 206960 00 |
| To Total Dissursomenta/Osingations The Ot | www.ritelli | |
| Under penalty of perjury, I certify that this stateme | nt is true, correct and complete. | |
| TYPE OR PRINT NAME OF PERSON COMPLETING | FORM John 1 | Hypn |
| QD 4iV. | | 42/20/10 |
| SIGNATURE Sth TUN | <u> </u> | ATE /U/CO/LU |
| NOTE Submission of false, enoneous or incomplete | information may subject the person signing | this statement to the penalties of 2 U.S.C. §437g |

| Per | erson(s) Sharing/Exercising Control | | | | | | |
|-----|--|---------------------------|--|--|--|--|--|
| A. | (a) Name Tim Phillips | | | | | | |
| | (b) Address (number and street) 2111 Wilson Blud, Svite 350 | | | | | | |
| | (c) City, State and ZIP Code, Mington, VA 22201 | | | | | | |
| | Amen Can S for Prosperity | (e) Occupation President | | | | | |
| В. | والمتنا والمتناز والمتاز والمتاز والمتاز والمتاز والمتاز والمتناز والمتناز والمتاز والمتاز والمتناز والمتناز وا | | | | | | |
| | (b) Address (number and street) Son Blud, Svite 350 | | | | | | |
| | (c) Cily. State and Z/P Code Artiniton, VA 22201 | | | | | | |
| | AMUN Can STON Prosper Ty | Secretary Treasurer | | | | | |
| C. | (a) Name Steve My//ms | | | | | | |
| | (b) Address (number and street) Son Bya, Svite 350 | | | | | | |
| | (c) City, State and Zip Code ATMINSTON, VA: 22201 | | | | | | |
| | (d) Name of Employer of Principal Place of Business AWERI Cans for Prisport 144 | (e) Occupation | | | | | |
| D. | (a) Name | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | (c) City, State and ZIP Code | | | | | | |
| | (d) Name of Employer or Principal Place of Business | (e) Occupation | | | | | |
| E. | (a) Name | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | (c) City, State and ZIP Code | | | | | | |
| | (d) Name of Employer or Principal Place of Business | (e) Occupation | | | | | |
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|---------------------|------|----|---|
| onation(s) Received | | | |

| | . Full Name of Donor | | | | |
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| | MA | | | Date of Receipt | |
| | Mailing Address of Donor | | | Amount | |
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| | City | State | Zip | , | |
| | Full Name of Donor | | | | |
| | . Full Name of Bonor | | | Date of Receipt | |
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| D | Full Name of Donor | | | Date of Receipt | |
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| E | . Full Name of Donor | | | Date of Receipt | |
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| | Mailing Address of Donor | | | Amount | |
| 1 | City | State | Zip | Ancun | |
| | City | State | . Zip | | |
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| SUBTOTAL of Donations This Page (optional) | | | | | |
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| | (carry total from last page if | C Line 0) | | | |

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|---|---|---|---|---|---|----|----|---|--|
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PAGE 4 OF 6

| Disbursement(s) Made or Obligation(s) | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Payee No Ka Media Mailing Address of Payee | Date of Disbursement or Obligation $ \begin{array}{ccccccccccccccccccccccccccccccccccc$ |
| Purpose of Disbursement (Including little(s) of communication(s)) Placement of "MC Kach'o SC 10.14.10" Name of Federal Candidate Office Sought: House State: SC Senate District: U.S. President | Disbursement/Obligation Far: Primary X General Other (spacify) |
| Name of Federal Candidate Office Sought: House State: Senate District: President Name of Federal Candidate Office Sought: Fresident Name of Federal Candidate Office Sought: President President | Disbursement/Obligation For: Primary General Other (specify) Disbursement/Obligation For: Primary General Other (specify) |
| B. Full Name (Last, First, Middle Initial) of Payee KON OKA Medica Mailing Address of Payee Oby Oby Oby City State Zip Code Name of Employer Occupation | Date of Disbursement or Obligation 10 15 2-010 Amount 129 025 00 Communication Date 10 19 2-010 |
| Purpose of Disbursement (Including: little(s) of communication(s)) CCLIMENT OF 'VES Man' TVAd Name of Federal Candidate Office Sought: House State: OI Name of Federal Candidate Office Sought: House State: Senate District: Senate District: President President Name of Federal Candidate Office Sought: House State: | Disbursement/Obligation For Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General |
| Substotal of Disbursements/Obligations This Page (optional) | - |

SCHEDULE 9-B

| PAGE 5 OF 6 Disbursement(s) Made or Obligation(s)

| A. Full Name (Last, First, Middle Initial) of Payee | Date of Disbursement or Obligation |
|--|--|
| Clear Channel | 10 19 2010 |
| Mailing Address of Payee | 1 |
| 2880-B Neade Avenue Suite 250 | Amount |
| City State, Zip Code | 24 86250 |
| Las Vegas NV 89102 | Communication Date |
| Name of Employer Occupation | 10 19 2-010 |
| Purpose of Disbursement (Including title(s) of communication(s)) Parement of Harry Reid Choices Radio | Sport |
| Name of Federal Candidate Office Sought: House State: | Disbursement/Obligation For: |
| Senate District: | Primary General |
| President President | Other (specify) |
| Name of Federal Candidate Office Sought: House State: | Disbursement/Obligation For: |
| Senate District: | Primary General |
| President | Other (specify) |
| Name of Federal Candidate Office Sought: House State: | Disbursement/Obligation For: |
| Senate District: | Primary Goneral |
| President President | Other (specify) |
| B. Full Name (Last, First, Middle Initial) of Payee | Date of Disbursement or Obligation |
| CBS Radio | 16 19 2010 |
| Malling Address of Payco | Amount |
| 6655 W. Sahara Avenue D110 | 2486250 |
| Las Vegas State Zip Code NV 89146 | |
| Name of Employer Occupation | Communication Date |
| | 10 19 2010 |
| Purpose of Disbursement (Including title(s) of communication(s)) Charces "Rack | lo Sart |
| Nome of Endern Candidate Office Schicht: House | Disbursement/Obligation For: |
| State: //// | Primary General |
| trum Keich District. — | Other (specify) |
| | |
| Name of Forderal Candidate Office Sought [7] House | Disbursement/Obligation For: |
| Name of Feddral Candidate Office Sought: House State: | Disbursement/Obligation For: Primary General |
| Name of Foddral Candidate Office Sought: House State: | |
| Name of Foddral Candidate Office Sought: House State: Senate District: President Name of Foderal Candidate Office Sought: House | Primary General Other (specify) ▶ Disbursement/Obligation For: |
| Name of Foddral Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: Name of Foderal Candidate Office Sought: Senate Senate Senate State: Senate | Primary General Other (specify) ▶ |
| Name of Foderal Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: House State: Senate State: President House State: | Primary General Other (specify) ▶ Disbursement/Obligation For: |
| Name of Foderal Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: Name of Foderal Candidate Office Sought: Senate Senate District: Senate District: | Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General |
| Name of Foderal Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: Name of Foderal Candidate Office Sought: Senate Senate District: Senate District: | Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General Other (specify) ▶ |
| Name of Foderal Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: Name of Foderal Candidate Office Sought: Senate Senate District: Senate District: | Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General Other (specify) ▶ |
| Name of Foderal Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: Name of Foderal Candidate Office Sought: President Name of Foderal Candidate Office Sought: President Name of Foderal Candidate Office Sought: President | Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General Other (specify) ▶ |
| Name of Foderal Candidate Office Sought: Senate President Name of Foderal Candidate Office Sought: Name of Foderal Candidate Office Sought: President Name of Foderal Candidate Office Sought: President Name of Foderal Candidate Office Sought: President | Primary General Other (specify) Disbursement/Obligation For: Primary General Other (specify) 49 725 00 |

Disbursement(s) Made or Obligation(s)

| A. Full Name (Last, First, Middle Initial) of Payee | Date of Disbursement or Obligation |
|---|--|
| Beasley Broadcast Group | 10 19 2010 |
| Mailing Address of Payee | 10 11 2010 |
| 1455 East Tropicana Suite 800 | Amount |
| City) State Zip Code | 19 12500 |
| las legas All 89119 | Communication Date |
| Name of Employer Occupation | |
| | 10 19 2010 |
| Purpose of Disbursoment (Including title(s) of communication(s)) | |
| Placement of "Harry Reid Choices" | |
| Name of Federal Candidate Offide Sought: House State: | Disbursement/Obligation For. Primary : General |
| Harry Roid Senate District: | * |
| President | Olher (specify) |
| Name of Federal Candidate Office Sought: House State: | Disbursament/Obligation For: Primary General |
| Senate District. | |
| President | Other (specify) |
| Name of Federal Candidate Office Sought: House State: | Disbursement/Obligation For: |
| Senate District: | Primary General |
| President | Other (specify) |
| B. Full Name (Last, First, Middle Initial) of Payee | Date of Disbursement or Obligation |
| Mountainton Media | 10 19 2010 |
| Mailing Address of Payee | 1011 |
| 10 Box 578 | Amount |
| City C State Zip Code | 767500 |
| 20ai4a NJ 07871 | Communication Date |
| Name of Employer Occupation | |
| | 10 19 2010 |
| Purpose of Disbursement (Including little(s) of)communication(s)) | |
| Placement of "Mix Pallone" | |
| Name of Federal Candidate Office Sought: House State: NJ | Disbursement/Obligation For |
| Frank along. Senate District: 106 | Primary X General |
| President President | Other (specify) > |
| Name of Federal Candidate Office Sought: House State: | Disbursement/Obligation For, |
| Senate District: | Primary General |
| President | Other (specify) b |
| Namo of Federal Candidate Office Sought: House State: | Disbursement/Obligation For: |
| Senale District: | Primary General |
| President | Other (specify) > |
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| | 0/ 950 50 |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | 26 000 00 |
| | 26 800 00 206 960 00 |
| TOTAL This Period (last page this line number only) | 200. 10000 |
| (carry total from last page to Line 10) | |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): E-Thuil 10/20/2010 JB 10/21/2010 PREPARER DATE PREPARED

(3/2005)